

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
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28						
29						
30						
31						
32	1					
33						
34						
35						
36						
37						
38						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		1				
52						
53		1				
54	1	1				
55						
56		1				
57						
58		1				
59						
60		2				
61		2				
62		2				
63		2				
64		2				
65		2				
66		2				
67		2				
68	1	1				
69		1				
70		1				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						